

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005380

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Salt RiverLength of stay in 1b
Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Colwell Nursing HomeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Audrain

c. CITY OR TOWN Mexico

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
Hyway 32 West of MexicoReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First JOHN

Middle WILLIAM

Last ARMSTRONG

4. DATE OF DEATH

Month February Day 1, Year 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6-18-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Station Operator

10b. KIND OF BUSINESS OR INDUSTRY

Gasoling

11. BIRTHPLACE (City and state or country)

Monroe County, Mo. USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Armstrong

13b. MOTHER'S MAIDEN NAME

Mattie Hayes

14. NAME OF HUSBAND OR WIFE

Mrs. John Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Charles Armstrong - Mexico, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary occlusion
Pulmonary edema
Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-9-62 to 2-1-62 and last saw him alive on 2-1-62
Death occurred at 2:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-2-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Brendans Cemetery

23d. LOCATION (City, town, or county)

Mexico, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 2-1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard J. McDonald

Licensed Embalmer No. 4825

P. O. Address Waverly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.